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is our business.

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DOCKET FILE COPY ORIGINAL

REDACTED - FOR PUBLIC INSPECTION

June 18, 2014

Via Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Accepted/Files

JUN 18 2014

Federal Communications Commission
Office of the Secretary

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2014 ETC Annual Report of South Central Rural Telephone Coop. Corp., Inc.
Study Area Code 260418**

Dear Ms. Dortch:

On behalf of South Central Rural Telephone Cooperative Corp., Inc. ("South Central"), JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹ South Central seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of the initial section 54.202(a) Five-Year Service Quality Improvement Plan.³

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

No. of Copies rec'd 0+3
List ABCDE

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

³ 47 C.F.R. §§ 0.457, 0.459, 54.202(a).

FCC Form 481 - Carrier Annual Reporting
Data Collection Form

REDACTED - FOR PUBLIC INSPECTION

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 260418

<015> Study Area Name SOUTH CENTRAL RURAL

<020> Program Year 2015

<030> Contact Name: Person USAC should contact with questions about this data Chris Lawrence

<035> Contact Telephone Number: 2706782111 ext. Number of the person identified in data line <030>

<039> Contact Email Address: Chris_Lawrence@scrtc.net Email of the person identified in data line <030>

Accepted/Files

JUN 18 2014

Federal Communications Commission
Office of the Secretary

ANNUAL REPORTING FOR ALL CARRIERS		54,313 Completion Required	54,422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice) 0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband) 0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile 0.0		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 260418ky510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 260418ky610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000> (check to indicate certification)

<2005> (complete attached worksheet)

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000> (check to indicate certification)

<3005> (complete attached worksheet)

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	260418
<015>	Study Area Name	SOUTH CENTRAL RURAL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Lawrence
<035>	Contact Telephone Number - Number of person identified in data line <030>	2706782111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Chris_Lawrence@scrtc.net

<110>	Has your company received its ETC certification from the FCC?	(yes / no)	<input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5			
<111>	year plan" filed with the FCC?	(yes / no)	<input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

260418ky112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	260418
<015>	Study Area Name	SOUTH CENTRAL RURAL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Lawrence
<035>	Contact Telephone Number - Number of person identified in data line <030>	2706782111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Chris_Lawrence@scrtc.net

[illegible]

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

See attached worksheet

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	260418
<015>	Study Area Name	SOUTH CENTRAL RURAL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Lawrence
<035>	Contact Telephone Number - Number of person identified in data line <030>	2706782111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Chris.Lawrence@scrtc.net
<810>	Reporting Carrier	South Central Rural Telephone Cooperative Corp., Inc.
<811>	Holding Company	
<812>	Operating Company	

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	260418
<015>	Study Area Name	SOUTH CENTRAL RURAL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Lawrence
<035>	Contact Telephone Number - Number of person identified in data line <030>	2706782111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Chris_Lawrence@scrtc.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921>** Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922>** Feasibility and sustainability planning;
- <923>** Marketing services in a culturally sensitive manner;
- <924>** Compliance with Rights of way processes
- <925>** Compliance with Land Use permitting requirements
- <926>** Compliance with Facilities Siting rules
- <927>** Compliance with Environmental Review processes
- <928>** Compliance with Cultural Preservation review processes
- <929>** Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	260418
<015>	Study Area Name	SOUTH CENTRAL RURAL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Lawrence
<035>	Contact Telephone Number - Number of person identified in data line <030>	2706782111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Chris.Lawrence@scrtc.net

<1120> Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G)

☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	260418
<015>	Study Area Name	SOUTH CENTRAL RURAL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Lawrence
<035>	Contact Telephone Number - Number of person identified in data line <030>	2706782111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Chris.Lawrence@scrtc.net

260418ky1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	260418
<015>	Study Area Name	SOUTH CENTRAL RURAL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Lawrence
<035>	Contact Telephone Number - Number of person identified in data line <030>	2706782111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Chris.Lawrence@scrtc.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021>	Interim Progress Community Anchor Institutions
--------	--

Name of Attached Document Listing Required Information

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(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481

OMB Control No. 3060-0936/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	260418
<015> Study Area Name	SOUTH CENTRAL RURAL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Chris Lawrence
<035> Contact Telephone Number - Number of person identified in data line <030>	2706782111 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Chris.Lawrence@scrtc.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification [47 CFR § 54.313(f)(1)(i)]

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions [47 CFR § 54.313(f)(1)(iii)]

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier [47 CFR § 54.313(f)(2)]
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒
(Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☒
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

260418ky3017.pdf

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No) ☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	260418
<015> Study Area Name	SOUTH CENTRAL RURAL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Chris Lawrence
<035> Contact Telephone Number - Number of person identified in data line <030>	2706782111 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Chris.Lawrence@scrtc.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	260418
<015> Study Area Name	SOUTH CENTRAL RURAL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Chris Lawrence
<035> Contact Telephone Number - Number of person identified in data line <030>	2706782111 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Chris.Lawrence@scrtc.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, Inc.
Name of Reporting Carrier:	SOUTH CENTRAL RURAL
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/09/2014
Printed name of Authorized Officer:	Chris Lawrence
Title or position of Authorized Officer:	Business Director
Telephone number of Authorized Officer:	2706782111 ext.230
Study Area Code of Reporting Carrier:	260418 Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	SOUTH CENTRAL RURAL
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/09/2014
Printed name of Authorized Agent or Employee of Agent:	Amanda Molina
Title or position of Authorized Agent or Employee of Agent:	Staff Consultant Regulatory Affairs
Telephone number of Authorized Agent or Employee of Agent:	7705692105 ext.
Study Area Code of Reporting Carrier:	260418 Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 260418
 <015> Study Area Name SOUTH CENTRAL RURAL
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Chris Lawrence
 <035> Contact Telephone Number - Number of person identified in data line <030> 2706782111 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> Chris.Lawrence@scrtc.net

<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CEFC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
KY	Magnolia		FR	15.15	0.0	0.0	0.0	15.15
KY	Magnolia		FR	16.65	0.0	0.0	0.0	16.65
KY	Magnolia		FR	19.95	0.0	0.0	0.0	19.95
KY	Buffalo		FR	15.15	0.0	0.0	0.0	15.15
KY	Buffalo		FR	16.65	0.0	0.0	0.0	16.65
KY	Buffalo		FR	19.95	0.0	0.0	0.0	19.95
KY	Munfordville		FR	15.45	0.0	0.0	0.0	15.45
KY	Munfordville		FR	16.95	0.0	0.0	0.0	16.95
KY	Munfordville		FR	19.95	0.0	0.0	0.0	19.95
KY	Canmer		FR	15.45	0.0	0.0	0.0	15.45
KY	Canmer		FR	16.95	0.0	0.0	0.0	16.95
KY	Canmer		FR	19.95	0.0	0.0	0.0	19.95
KY	Bonnieville		FR	15.45	0.0	0.0	0.0	15.45
KY	Bonnieville		FR	16.95	0.0	0.0	0.0	16.95
KY	Bonnieville		FR	19.95	0.0	0.0	0.0	19.95
KY	Center		FR	15.45	0.0	0.0	0.0	15.45
KY	Center		FR	16.95	0.0	0.0	0.0	16.95
KY	Center		FR	19.95	0.0	0.0	0.0	19.95
KY	Cave City		FR	16.05	0.0	0.0	0.0	16.05
KY	Cave City		FR	17.55	0.0	0.0	0.0	17.55
KY	Cave City		FR	19.95	0.0	0.0	0.0	19.95

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(700) Price Offerings including Voice Rate Data

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	260418
<015>	Study Area Name	SOUTH CENTRAL RURAL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Lawrence
<035>	Contact Telephone Number - Number of person identified in data line <030>	2706782111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Chris.Lawrence@scrtc.net

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
KY	Horse Cave		FR	15.45	0.0	0.0	0.0	15.45
KY	Horse Cave		FR	16.95	0.0	0.0	0.0	16.95
KY	Horse Cave		FR	19.95	0.0	0.0	0.0	19.95
KY	Temple Hill		FR	15.75	0.0	0.0	0.0	15.75
KY	Temple Hill		FR	17.25	0.0	0.0	0.0	17.25
KY	Temple Hill		FR	19.95	0.0	0.0	0.0	19.95
KY	Summer Shade		FR	15.75	0.0	0.0	0.0	15.75
KY	Summer Shade		FR	17.25	0.0	0.0	0.0	17.25
KY	Summer Shade		FR	19.95	0.0	0.0	0.0	19.95
KY	Edmonton		FR	15.75	0.0	0.0	0.0	15.75
KY	Edmonton		FR	17.25	0.0	0.0	0.0	17.25
KY	Edmonton		FR	19.95	0.0	0.0	0.0	19.95
KY	Fountain Run		FR	15.75	0.0	0.0	0.0	15.75
KY	Fountain Run		FR	17.25	0.0	0.0	0.0	17.25
KY	Fountain Run		FR	19.95	0.0	0.0	0.0	19.95
KY	Hiseville		FR	15.75	0.0	0.0	0.0	15.75
KY	Hiseville		FR	17.25	0.0	0.0	0.0	17.25
KY	Hiseville		FR	19.95	0.0	0.0	0.0	19.95
KY	Gamaliel		FR	15.75	0.0	0.0	0.0	15.75
KY	Gamaliel		FR	17.25	0.0	0.0	0.0	17.25
KY	Gamaliel		FR	19.95	0.0	0.0	0.0	19.95

REDACTED - FOR PUBLIC INSPECTION

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	260418
<015>	Study Area Name	SOUTH CENTRAL RURAL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Lawrence
<035>	Contact Telephone Number - Number of person identified in data line <030>	2706782111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Chris.Lawrence@scrtc.net

<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	260418
<015>	Study Area Name	SOUTH CENTRAL RURAL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Lawrence
<035>	Contact Telephone Number - Number of person identified in data line <030>	2706782111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Chris.Lawrence@scrtc.net

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	260418
<015>	Study Area Name	SOUTH CENTRAL RURAL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Chris Lawrence
<035>	Contact Telephone Number - Number of person identified in data line <030>	2706782111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Chris_Lawrence@scrtc.net
<810>	Reporting Carrier	South Central Rural Telephone Cooperative Corp., Inc.
<811>	Holding Company	
<812>	Operating Company	

[illegible]

REDACTED – FOR PUBLIC INSPECTION

SOUTH CENTRAL RURAL TELEPHONE COOPERATIVE CORP., INC (SAC 260418)

ATTACHMENT - LINE 112

FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN

ATTACHMENT REDACTED IN ENTIRETY

South Central Rural Telephone Cooperative Corp., Inc.'s demonstration of complying with applicable service quality standards and consumer protection rules for voice and broadband services:

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers."² The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."⁴

South Central Rural Telephone Cooperative Corp., Inc. ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under the Kentucky Revised Statutes (KRS) and Kentucky Administrative Regulations (KAR). These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of KRS Chapter 278.541 to 278.544 and 807 KAR 5:011, which disclose rates, terms and conditions of service to customers; (2)

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("*2005 ETC Order*").

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.

⁴ *Id.* at n. 72.

adherence to Kentucky state consumer protection requirements governing telephone providers which include Consumer protections as identified in KRS Chapter 278.546, Pricing Procedures as illustrated in KRS Chapter 278.542(1), and Compliance with Anti-Slamming Procedures as adopted in KRS Chapter 278.535; (3) truth-in-billing requirements as required in 807 KAR 5:061, Section 13; and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy. Additionally, incumbent local exchange carriers are required by 807 KAR 5:061, Section 4(4) to maintain records of and report monthly various service objectives related to the Provision of Service, 807 KAR 5:061, Section 10(1); Dial Service Requirements, 807 KAR 5:061, Section 15(1) and (2); Answering Time, 807 KAR 5:061, Section 22(1) and (2) and Service Interruption, 807 KAR 5:061, Section 25(3) and (4).

The Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3.

South Central Rural Telephone Cooperative Corp., Inc.'s demonstration of ability to function in emergency situations for voice and broadband services:

South Central Rural Telephone Cooperative Corp., Inc. ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and the Kentucky Administrative Regulations (KAR), 807 5:061, Section 24. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, South Central Rural Telephone Cooperative Corp., Inc., in accordance with 807 KAR 5:061. Telephone, Section 24, has a written plan in place to meet service emergencies resulting from failures of power service, sudden and prolonged increase in traffic, fire, storm, or acts of God, and has trained employees on emergency procedure. Each central office building is supplied with standby generators and battery back-up that enable the central office to keep running for at least the minimum of four (4) hours, or until system changes are made to reroute traffic. The Company has battery

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

backup at all office locations and in its electronic equipment sites in accordance with the specifications identified in Section 24 of the 807 KAR, 5:061, Emergency Operations.

The company's standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

**SOUTH CENTRAL RURAL TELEPHONE
COOPERATIVE CORPORATION, INC.
LOCAL EXCHANGE TARIFF**

**PSC KY TARIFF NO. 3
SECTION 2
Original Sheet No. 1**

SECTION 2 -REGULATIONS

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Issued By: _____
Daryl Wyatt, General Manager